



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**



**DEPARTMENT OF CORRECTIONS**

Vicente Taman Seman Building  
P.O. Box 506506, Saipan, MP 96950  
Telephone: (670) 664-9061 Facsimile: (670) 664-9515

Part	Section	Title	Policy No.	Review Date:
Institutional Services	Classification	Inmate Monthly Evaluation	4.2.2	
ACA Standard	3-ALDF-4B-01 Inmate Classification			
Consent Decree	Paragraph 55 Inmate Classification Plan			

**I. PURPOSE**

To establish procedures for conducting monthly evaluations on inmates/detainees relating to observance of rules and regulations, appearance and other behaviors to be used by Classification Section in managing inmates/detainees while housed in the Department of Corrections (DOC) facility.

The evaluation will be used as an integral part in the periodic reclassification process of each inmate, and when correctly evaluated, it will identify those individuals who present management problems, as well as, those striving for rehabilitation.

**II. POLICY**

It is the policy of DOC to recognize and reward good conduct and discourage behaviors that is disruptive to the management of the institution. This policy includes all individuals incarcerated or detained within DOC's facilities.

**III. PROCEDURAL GUIDELINES**

**A. Introduction**

In order for any evaluation to have its desired effect, so as to properly manage the inmate/detainee population, it has to be applied fairly and equally at all times.

The evaluation will be used in reclassifying each inmate/detainee. When done correctly, it will identify inmates/detainees who present management problems, as well as, those individuals striving for rehabilitation.

All violations that have been documented, even minor ones, have to be taken into account in the monthly evaluations. This is the only way the system will be effective, and for the evaluations to act as incentives for the inmates/detainees to improving their behaviors while incarcerated. Recommendations or allegations from other officers or inmates should only be considered if supporting documents can be produced. Otherwise the evaluation should be based solely on the evaluating officer's direct observations.

The Shift Commander shall assign a number of inmates/detainees to each officer on his/her shift for evaluation. The evaluations will be rotated between the shifts, e.g. Shift "A" does the evaluation this month, shift "B" next month, and shift "C" the following month. This is to ensure that all correctional line staff is given the opportunity to evaluate the inmates/detainees. The same officer should not evaluate the same inmates/detainees each time.

When the officer has conducted the evaluation, he/she shall present the form and explain to the inmate/detainee in a one-on-one meeting. The officer will explain the rating, and what the inmate/detainee needs to do to improve a bad rating. The inmate/detainee shall also be made aware that all ratings will be forwarded to the classification section, to be considered during reclassification assessments. The inmate shall also be informed of the fact that the evaluation has a direct impact on allocation of privileges and housing unit assignments.

**B. Instructions for completion of form. (See Appendix "A" for form)**

1. *Observance of DOC Rules and Regulations* -- This shall be evaluated to reflect the inmate/detainee's observance of posted DOC rules and regulations. If the inmate/detainee has violated a minor rule only once during the evaluation period, the scoring may still be "good". If the inmate/detainee is habitually violating minor rules, or if one major infraction has been documented, this is sufficient to justify a "poor" scoring.
2. *Observance of Rules of Work Release, Visitation, Phone Use* -- An inmate coming in late from work release, display of prohibited behavior during visitation time, failure to conform to the rules regarding length of phone calls. All documented incidents of such nature should be noted and scored accordingly.
3. *Cleanliness of Assigned Quarters* -- If a cell is untidy, both inmates occupying the cell should be held accountable. They will be instructed to correct the discrepancy. If the cell is continuously untidy, unclean, a "poor" scoring is warranted.
4. *Appearance, Hygiene, and Grooming* -- An inmate/detainee with untrimmed, long hair or beard or moustache cannot receive a "good" rating. Appearance means clean clothes that are not torn or altered. When issued prison uniform, even stricter standards shall be applied.
5. *Willingness to Accept Assigned Work Details* -- Only an inmate/detainee who

volunteers for duties and completes the work details satisfactorily can receive a "good" rating.

6. *Cooperation and Respect in Dealing with Staff* -- This item rates the inmate/detainee's attitude towards the correctional staff. It is expected that inmates/detainees follow orders and show respect towards officers. Only inmates/detainees who are always respectful and cooperative should be awarded a score "good" rating.
7. *Cooperation with Other Inmates* -- For the institution to function peacefully, good relationships between inmates/detainees are of utmost importance. Therefore staff should observe and rate inmate/detainee behavior and attitude towards each other.
8. If the inmate/detainee has been charged with a violation during the rating period, it should be entered in the appropriate section. First, note it in the "Remarks" section, and then explain in detail in "Disciplinary Charges/Dispositions".
9. If the evaluating officer has any comments regarding the evaluation system, or has any recommendations that may benefit the system, enter in the appropriate section. Also, if the inmate/detainee refuses to acknowledge the evaluation, enter the stated reason/s for refusal here.
10. After the evaluating officer and the inmate/detainee both have signed the form, the shift supervisor reviews it, he/she will indicate either concur or not concur and then signs the form. If the supervisor should disagree with the evaluation, he/she should state the reason/s in the section: "Recommendations/Comments".
11. Once the Shift Commander has received all the evaluation forms from his/her shift, he/she shall turn them in to the Operations Captain within 12 hours of completion. The forms will be filed in each inmate/detainee's file to be used in the inmate/detainees reclassification reassessment.

### **C. Use of the Monthly Evaluation**

The monthly evaluation form is only a statement reflecting the evaluating officer's personal observation of the inmate/detainee he/she is evaluating. The form will be used as guidance by the classification section in assessing an inmate/detainee's general behavior during incarceration. If the monthly evaluation shows behavior that may have a negative impact on the inmate/detainee's rating, the inmate be counseled in the problem areas. During the reclassification process, the inmate/detainee may file his/her response to any perceived unfair evaluations.

### **D. Prohibited Actions**

The evaluating officer is not allowed to use the evaluation form as a means of soliciting favors from the inmates/detainees by excluding negative information or entering positive

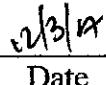
rating known to be inappropriate. Neither can the form be used as a form of punishment. Anticipated future behavior cannot be used as a basis for evaluation.

The Shift Commander shall not coerce the evaluating officer into changing his/her evaluation of an inmate/detainee as it is based upon personal observation, nor can the Commander change any of the scores.

Already completed and signed evaluation forms cannot be retrieved and/or altered by anyone.

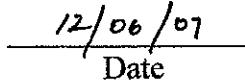
Reviewed By:

  
\_\_\_\_\_  
Gregory F. Castro  
Director of Corrections

  
\_\_\_\_\_  
Date

Approved By:

  
\_\_\_\_\_  
Lino S. Tenorio  
Commissioner of Corrections

  
\_\_\_\_\_  
Date

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF CORRECTIONS

## INMATE INSTITUTIONAL CONDUCT EVALUATION:

INMATE NAME: _____	DATE: _____
ID NUMBER: _____	CELL ASSIGNMENT: _____
SECTION: _____	

INSTRUCTIONS: The evaluation of conduct for each inmate shall be in accordance with the Rules and Regulations of the Department of Corrections. The rating elements below constitute a general observation of the inmate's institutional behavior for the past month. The reasons for a Good or Poor rating shall be entered in the "Comments" space. If any disciplinary charges and dispositions have been brought against the inmate during the past month, this shall be noted in the appropriate "Comments" section. The information entered in this form will be used in the Department of Corrections Objective Classification procedures and a copy will be placed in the inmate's personal file.

	GOOD	POOR	
1. OBSERVANCE OF DOC INMATE RULES AND REGULATIONS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
2. OBSERVANCE OF RULES OF WORK RELEASE, VISITATION, AND PHONE USE.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
3. CLEANLINESS OF ASSIGNED QUARTERS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
4. PERSONAL APPEARANCE, HYGIENE AND GROOMING.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
5. WILLINGNESS TO ACCEPT AND COMPLETE ASSIGNED WORK DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
6. COOPERATION AND RESPECT IN DEALING WITH STAFF.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
7. COOPERATION WITH OTHER INMATES.	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____

COMPUTATION OF TOTAL SCORE: If the inmate has scored Good on the majority of items (five out of seven) he/she should be given a total rating of Good. If less than five, the rating should be Poor.

I, the undersigned officer, do rate the institutional conduct of this inmate as:  GOOD  POOR

COMMENTS REGARDING RATING, REFUSAL TO SIGN OR NON-CONCURRENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVALUATED BY: \_\_\_\_\_ RADIO CALL#: \_\_\_\_\_ DATE: \_\_\_\_\_  
Corrections Officer

ACKNOWLEDGED BY INMATE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

CONCURRED  NOT CONCURRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Supervisor